

FILED FEB 16 1949

Registration District No. 138

Primary Registration District No. 3038

Registrar's No. 138

1. PLACE OF DEATH:

(a) County Linn
 (b) City or town Brookfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Brookfield Hospital
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution 5 days
 In this community 75 yrs
 years, months or days

3. (a) PRINT FULL NAME Elizabeth Tooley

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Agustus Tooley 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 9 1857
 (Month) (Day) (Year)

8. AGE: Years 92 Months 9 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Swansea Wales
 (City, town or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business At Home12. Name Thomas Mathews13. Birthplace Wales14. Maiden name Elizabeth Mathews15. Birthplace Wales16. (a) Informant Ed Tooley(b) Address Brookfield Mo17. (a) Burial, cremation, or removal Burial(b) Date thereon Feb 9(c) Place: burial or cremation St Michael Cemetery18. (a) Signature of funeral director W. B. Simpson(b) Address Brookfield Mo19. (a) 2/11/49 (b) W. B. Simpson

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
 (c) City or town Brookfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 805 N Main
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7th
 year 1949 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 22
1949 to Jan 7 1949
 that I last saw her alive on Jan 7 1949
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditisDuration 3 daysDue to fractured hipDue to fallOther conditions senility

(Include pregnancy within 3 months of death)

Major findings: ✓Of operations: ✓Of autops: ✓

Underline the cause of which death should be charged statically.

RURAL

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) FORMATION(b) Date of occurrence QUESTED

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 2 home

(Specify type of place)

(e) Means of injury _____

23. Signature W. B. Simpson (M. D. or other)Address Brookfield Mo Date signed 2/8/49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.
working under my personal supervision.

Signed James B. McCallister
Licensed Embalmer No. 4230
P. O. Address Brookfield, Mass.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.